

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

IN THE MATTER OF:)
AMBER NICOLE REESE,) Chapter 7
Debtor.) Case No. 22-56207-pmb
) Judge Baisier
)

AMENDMENTS TO CHAPTER 7 PETITION – SCHEDULE J AND FORM 122A-1

Comes now, AMBER NICOLE REESE, Debtor, and files these amendments to her Chapter 7 petition as follows:

1.

This case was filed on August 10, 2022. The 341 meeting of creditors was held on September 13, 2022.

2.

Debtor hereby amends Schedule J (Expenses) and Form 122A-1 (Chapter 7 Statement of Current Monthly Income) of her petition to note that her dependent daughter aged 9 lives with her father in the property located at 25 Gum Creek Landing, Oxford, Georgia 30054. The amended 122A-1 uses a median income for a household of two.

3.

Debtor is also submitting the amended Summary of Schedules, Statistical Summary of Certain Liabilities and Related Data, and Creditor Matrix.

WHEREFORE, Debtor prays that this Court accept the foregoing amendments.

Date: October 31, 2022.

Respectfully submitted,
GINSBERG LAW OFFICES, P.C.

by: /s/ Susan S. Blum
Susan S. Blum
GA Bar No. 111315

1854 Independence Square
Atlanta, GA 30360
770-393-4985
blumlawfirm@gmail.com

Verification

I, AMBER NICOLE REESE, Debtor in the above-styled Chapter 7 case certify that the foregoing amendments are true and correct to the best of my knowledge.

Date: October 31, 2022.

/s/
Amber Nicole Reese
Debtor

CERTIFICATE OF SERVICE

I, Susan S. Blum, certify that I served copies of Debtor's First Amendments to Chapter 7 Petition – Amendments to Schedule J and Form 122A-1 by U.S. Mail, with adequate postage thereon, by e-mail and/or electronically through the CM/ECF Noticing System addressed to the following:

Chapter 7 Trustee
S. Gregory Hays
Hays Financial Consulting, LLC
2964 Peachtree Rd, Ste 555
Atlanta, GA 30305

United States Trustee
Russell Federal Bldg.
75 Spring Street, 3rd Floor
Atlanta, GA 30303

And to all creditors on attached mailing matrix

DATED: 10/31/22

BY: /s/ Susan S. Blum
Susan S. Blum
Attorney for Debtor
GA Bar No. 111315

Ginsberg Law Offices, P.C.
1854 Independence Square
Atlanta, GA 30338
(770) 393-4985
blumlawfirm@gmail.com

Fill in this information to identify your case:

Debtor 1	Amber Nicole Reese
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA
Case number (If known)	22-56207

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Do not state the
dependents names.

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Daughter

9

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Daughter

14

3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **450.00**

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	17.00
4c. \$	0.00
4d. \$	0.00
5. \$	0.00

Debtor 1 Amber Nicole Reese

Case number (if known) 22-56207

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>100.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>25.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>265.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>500.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>125.00</u>	
10. Personal care products and services	10. \$ <u>0.00</u>	
11. Medical and dental expenses	11. \$ <u>25.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>300.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>97.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: <u>Children's extracurricular activities, incl band</u>	21. +\$ <u>100.00</u>	
22. Calculate your monthly expenses	\$ <u>2,004.00</u>	
22a. Add lines 4 through 21.	\$ <u>2,004.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>2,004.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>947.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,004.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-1,057.00</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Amber Nicole Reese		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF GEORGIA	
Case number (if known)	22-56207		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 207,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 207,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 9,330.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 216,330.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 143,027.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 143,027.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 50,076.09
		Your total liabilities \$ 193,103.09

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 947.00
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 947.00
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 2,004.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 2,004.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Amber Nicole Reese
 the court with your other schedules.

Case number (if known) 22-56207

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>947.00</u>
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9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case:

Debtor 1	Amber Nicole Reese		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA		
Case number (if known)	22-56207		

Check if this is an amended filing

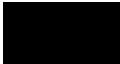
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ **Amber Nicole Reese**

Amber Nicole Reese
Signature of Debtor 1

Date October 31, 2022

X

Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1	Amber Nicole Reese
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	Northern District of Georgia
Case number (if known)	22-56207

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ _____
\$ 0.00	\$ _____
\$ 947.00	\$ _____

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

Debtor 1	
Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from a business, profession, or farm	\$ 0.00 Copy here -> \$ 0.00 \$ _____

6. Net income from rental and other real property

Debtor 1	
Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from rental or other real property	\$ 0.00 Copy here -> \$ 0.00 \$ _____

7. Interest, dividends, and royalties

Debtor 1

Amber Nicole Reese

Case number (if known)

22-56207Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**

For your spouse \$ _____

\$ **0.00**

\$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.\$ **0.00** \$ _____**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

.....	\$ 0.00	\$ _____
.....	\$ 0.00	\$ _____
+ \$ 0.00	\$ _____	

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 947.00	+ \$ _____	= \$ 947.00
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Total current monthly income

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11 Copy line 11 here=>\$ **947.00**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **11,364.00****13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

GA

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household.

13. \$ **71,504.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2.14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Amber Nicole Reese**Amber Nicole Reese**

Signature of Debtor 1

Debtor 1

Amber Nicole Reese

Case number (if known)

22-56207

Date **October 31, 2022**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1

Amber Nicole Reese

Case number (if known)

22-56207

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **02/01/2022** to **07/31/2022**.

Line 4 - Child support income (including foster care and disability)

Source of Income: **Child support**

Income by Month:

6 Months Ago:	<u>02/2022</u>	<u>\$947.00</u>
5 Months Ago:	<u>03/2022</u>	<u>\$947.00</u>
4 Months Ago:	<u>04/2022</u>	<u>\$947.00</u>
3 Months Ago:	<u>05/2022</u>	<u>\$947.00</u>
2 Months Ago:	<u>06/2022</u>	<u>\$947.00</u>
Last Month:	<u>07/2022</u>	<u>\$947.00</u>
Average per month:		<u>\$947.00</u>

Label Matrix for local noticing

113E-1

Case 22-56207-pmb

Northern District of Georgia

Atlanta

Mon Oct 31 13:29:16 EDT 2022

7330 W 33rd Street N, #118

Wichita, KS 67205-9370

American Recovery Service

A Patrick K. Willis Company

PO Box 4917

El Dorado Hills, CA 95762-0026

(p)BANK OF AMERICA

PO BOX 982238

EL PASO TX 79998-2238

Bank of America, N.A.

PO Box 673033

Dallas, TX 75267-3033

Michael J. Bargar

Rountree Leitman Klein & Geer LLC

Century Plaza I

2987 Clairmont Road, Suite 350

Atlanta, GA 30329-4435

Bay Area Credit Service LLC

4145 Shackleford Rd, Ste 330B

Norcross, GA 30093-3541

Susan S. Blum

Ginsberg Law Offices, P.C.

1854 Independence Square

Atlanta, GA 30338-5150

Brian Reese

25 Gum Creek Landing

Oxford, GA 30054-2743

Capital One Auto Finance

CB Disputes Team

PO Box 259407

Plano, TX 75025-9407

Capital One Auto Finance, a division of Capi

AIS Portfolio Services, LLC

4515 N Santa Fe Ave. Dept. APS

Oklahoma City, OK 73118-7901

Capital One Auto Finance, a division of Capi

4515 N. Santa Fe Ave. Dept. APS

Oklahoma City, OK 73118-7901

Cherice A. Tadday, Esq.

Roosen, Varchetti & Olivier

PO Box 1186

Smyrna, GA 30081-1186

ChexSystems

Attn: Consumer Relations

7805 Hudson Road, Suite 100

Woodberry, MN 55125-1703

Children's Healthcare of Atl.

PO Box 116210

Atlanta, GA 30368-6210

Concussion Institute

Northside Hospital Gwinnett

1000 Medical Center Blvd

Lawrenceville, GA 30046-7694

Credence Resource Management

4222 Trinity Mills Rd, Ste 260

Dallas, TX 75287-7666

(p)DIRECTV LLC

ATTN BANKRUPTCIES

PO BOX 6550

GREENWOOD VILLAGE CO 80155-6550

Darnell Quick Recovery Inc.

PO Box 2416

Covington, GA 30015-7416

Directv, LLC

by American InfoSource as agent

4515 N Santa Fe Ave

Oklahoma City, OK 73118-7901

Equifax Credit Info. Services

PO Box 740241

Atlanta, GA 30374-0241

Experian

701 Experian Pkwy

Box 2002

Allen, TX 75013-3715

(p)FIRST NATIONAL BANK

ATTN BANKRUPTCY

1500 S HIGHLINE AVE

SIOUX FALLS SD 57110-1003

(p)GEORGIA DEPARTMENT OF REVENUE

COMPLIANCE DIVISION

ARCS BANKRUPTCY

1800 CENTURY BLVD NE SUITE 9100

ATLANTA GA 30345-3202

Gwinnett Co Fire & Emergency

408 Hurricane Shoals Rd, NE

Lawrenceville, GA 30046-4406

Gwinnett Co Fire & Emergency

PO Box 935335

Atlanta, GA 31193-5335

S. Gregory Hays

Hays Financial Consulting, LLC

Suite 555

2964 Peachtree Road

Atlanta, GA 30305-4909

IRS

P.O. Box 7346

Philadelphia, PA 19101-7346

LVNV Funding LLC

c/o Resurgent Capital Services

PO Box 1269

Greenville, SC 29602-1269

LVNV Funding, LLC

Resurgent Capital Services

PO Box 10587

Greenville, SC 29603-0587

Richard B. Maner
Richard B. Maner, P.C.
Suite 200
180 Interstate N Parkway
Atlanta, GA 30339-2106

NC Financial
175 W. Jackson Blvd, Ste 1000
Chicago, IL 60604-2863

NGRCA
224 North Hamilton Street
Dalton, GA 30720-4214

National Arbitration Forum
PO Box 50191
Minneapolis, MN 55405-0191

National Medical Administrator
PO Box 924047
Norcross, GA 30010-4047

Northside Hospital
1001 Summit Blvd
First Floor
Atlanta, GA 30319-6421

Northside Hospital
P.O. Box 101757
Atlanta, GA 30392-1757

Office of the United States Trustee
362 Richard Russell Building
75 Ted Turner Drive, SW
Atlanta, GA 30303-3315

Piedmont Newton Hospital
5126 Hospital Dr NE
Covington, GA 30014-2566

(p) PLAZA SERVICES LLC
ATTN MANNY WILLIAMS
110 HAMMOND DRIVE
SUITE 110
ATLANTA GA 30328-4806

(p) PORTFOLIO RECOVERY ASSOCIATES LLC
PO BOX 41067
NORFOLK VA 23541-1067

Amber Nicole Reese
1100 Billy McGee Road
Lawrenceville, GA 30045-7922

Select Portfolio Servicing Inc
3217 S. Decker Lake Dr
Salt Lake City, UT 84119-3284

Sibley Heart Center Cardiology
202 Village Center Pkwy
Stockbridge, GA 30281-9044

Summit Radiology Services
PO Box 200096
Cartersville, GA 30120-9002

(p) TELECHECK SERVICES INC
P O BOX 6806
HAGERSTOWN MD 21741-6806

TransUnion Consumer Solutions
PO Box 2000
Chester, PA 19016-2000

United States Attorney
Northern District of Georgia
75 Ted Turner Drive SW, Suite 600
Atlanta GA 30303-3309

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Bank of America
P.O. Box 982235
El Paso, TX 79998-2235

DIRECTV
P.O. Box 6550
Englewood, CO 80155-6550

First National Bank
500 E 60th St N
Sioux Falls, SD 57104

Georgia Department of Revenue
Bankruptcy Group
P.O. Box 161108
Atlanta, GA 30321

Plaza Services, LLC
110 Hammond Dr, Ste 110
Atlanta, GA 30328

Portfolio Recovery Associates
120 Corporate Boulevard
Norfolk, VA 23502

TeleCheck Services, Inc.
6200 South Quebec Street
Suite 430
Greenwood Village, CO 80111

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u) SELECT PORTFOLIO SERVICING INC

End of Label Matrix	
Mailable recipients	48
Bypassed recipients	1
Total	49